Patient Feedback in General Practice Training

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CHAPTER 7

Who is afraid of patient feedback?
Analysis of self-directed learning of consultation skills among general practice trainees

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Summary

There is evidence for the beneficial effects of including the opinions of patients in primary health care. Therefore, in the Institute for vocational training in general practice at the VU medical center in the Netherlands, we introduced a patient feedback training programme. General practice trainees (GPTs) could learn from their patients by asking for feedback by means of a validated questionnaire. However, wide variances in participation were found among the GPTs (i.e. the number of feedback questionnaires they collected).

In this mixed-method study, we analysed whether 22 first-year GPTs were apprehensive of greater patient involvement in their education, and studied determinants that predicted participation in the programme.

We conducted semi-structured interviews with six GPTs who collected less than five feedback questionnaires from their patients. These GPTs did not feel vulnerable when they asked patients for feedback, neither did they question the benefits of patient involvement in their education, but had various motivational and practical reasons for their low rate of participation.

It is not clear to what extent GPTs recognize their learning needs, especially in a 'self-directed' learning programme with a sensitive topic, such as feedback from real patients. The baseline level of consultation skills did not predict the rate of their participation in the programme. Among male GPTs, and GPTs with more clinical experience, there was a lower rate of participation.

Close monitoring of GPTs by tutors might help the GPTs to overcome practical problems. This study has provided more insight into further requirements in the development of effective self-directed learning programmes with patient involvement.

Introduction

Methods to include patients' views on general practice care are considered to be important for the improvement of care[1,2], and are related to health outcomes as well as patient satisfaction[3,4]. Feedback from patients on a doctor's performance can be useful in developing patient-centred consultation skills[5], which is a core element in the education of primary care professionals[6], and the communication style preferred by patients[7].

The reactions of some general practitioners to patient assessment of their communication skills have been reported to be positive[8,9] but others were less positive[10]. Doctors, with or without clinical experience, might feel awkward about asking their patients for feedback. Especially for general practice trainees (GPTs), patient feedback can be daunting, and their first reactions can be defensive, but many GPTs react favourably to knowing what their patients think about them[11].

In 2006, the patient feedback training programme was introduced in our vocational training education for general practice (VU medical center, the Netherlands), to create opportunities for students who want to learn from their patients[12]. GPTs handed out feedback questionnaires on their consultation skills to patients, directly after a consultation. What we soon noticed was that the rate of participation of the GPTs varied widely, for which we formulated two hypotheses.

The first hypothesis concerned the content of the programme, i.e. the involvement of real patients. GPTs might consider patient feedback to be of limited use, or might feel vulnerable in asking patients for feedback, which would reflect on their rate of participation.

The second hypothesis concerned the method of application of the programme, which was designed according to a self-directed learning method. This means that GPTs are encouraged to participate in learning activities defined by him or herself rather than defined by a teacher[13,14]. GPTs who are aware that they have a lower level of consultation skills, or become aware of this as a result

of the first patient feedback results, might feel the need to develop their skills, which in turn will result in a higher rate of participation in the programme.

In this mixed-method study, we analysed factors that predicted the rate of participation of the GPTs in the patient feedback programme. In a qualitative study, we evaluated whether the rate of participation was hampered by feelings of vulnerability when asking patients for feedback. In a subsequent quantitative study, we analysed the effect of the baseline level of consultation skills of the GPTs on their rate of participation. Analysing the deviant cases is important for the validity of the programme and its results[15], and might provide new insight into the requirements needed for effective learning programmes with real-patient involvement.

Methods

Programme and participants

In 2006, 22 GPTs (two randomly selected classes), in the second trimester of their first-year at the VU medical center in Amsterdam, attended a patient feedback training programme, the purpose of which was to enhance their patient-centred consultation skills[12]. The training programme fitted into the general training of doctor-patient communication skills, which included educational principles such as 'feedback' and 'self-directed learning'.

Self-directed learning requires formal tools for the self-testing of skills, and for this purpose, we developed and validated a questionnaire, the 'Patient Feedback questionnaire on Consultation skills' (PFC)[16]. During a period of three months, the GPTs were instructed to ask 20 patients to give feedback on their consultation skills, by means of the PFC, which they completed directly after the consultation. Members of the regular educational staff supervised the training programme.

Assessment of baseline characteristics and baseline consultation skills

At the end of the training programme, the GPTs completed an evaluation form containing questions about demographic characteristics (age, gender, clinical experience).

Baseline consultation skills were assessed by observing video-taped consultations of GPTs. The videos were obtained during visits made by standardized simulated patients to the GPT practices before the training programme started. The video-taped consultations were randomly assessed by trained members of the staff of our institute. For the assessment, they used the MAAS-Global instrument, which has a scoring range from 0-6[17]. A mean score of 3.1 has been set as a standard for the assessment of doctor-patient communication performance[18]. The simulated patients and the assessors were blinded for the GPT participation rate.

Outcome measures

Qualitative outcome

GPTs who collected less than five PFCs were invited to attend a semi-structured interview with a staff member (HS), lasting approximately 30 minutes, from which we hoped to obtain information about the possible explanations for their lower rate of participation. The tone of the interview was non-accusing, and its purpose was emphasized, i.e. that it was meant to be a learning experience for the staff. The GPTs were asked: a) what reasons they had for collecting so few PFCs, b) what kind of problems they had encountered in organizing patient feedback in their practice, c) whether they were apprehensive about the involvement of patients in their vocational training, d) whether they felt vulnerable or apprehensive about asking patients to give feedback on their skills, and e) whether the communication training, and specifically the patient feedback programme, matched their needs.

Quantitative outcome

The number of completed PFCs that were returned by the GPTs to the research team was considered to reflect their participation rate.

Analysis and statistical methods

A *t*-test was used to investigate associations between dichotomous baseline characteristics (baseline level of consultation skills, age, gender and clinical experience (all, except gender, were continuous variables) and the rate of participation (univariate analysis). Furthermore, stepwise forward linear regression analysis was performed to examine the combined effect of the baseline characteristics.

Results

Baseline characteristics

Most of the GPTs were female (73%), and in their early thirties (mean age 31.3 years SD 4.0, range 26-45), and with a clinical experience of 2.8 years (SD 2.3, range 0-8). The mean MAAS-Global score was 3.3 (SD 0.7, range 1.8-4.5).

Interviews with GPTs

Six of the 22 GPTs (27%) collected less than five PFCs (range 0-3: 0, 0, 2, 2, 2, respectively 3), and all six were willing to attend the semi-structured interviews. None of these GPTs questioned the potentially beneficial aspects of patient feedback, nor did they question the overall benefits of (scientific) education programmes in general. Although none of them mentioned that they felt apprehensive about asking patients for feedback, half of them had difficulty in selecting patients. The reasons they mentioned for their low rate of participation, and the problems they encountered in organizing patient feedback in their practices, differed widely, and were classified as follows:

- busy time-schedule in general (n=3)
- questionnaire was not considered to be appealing (n=3)
- difficulty in selecting patients (finding appropriate patients, patient refusal [n=3])
- aim of research unclear (introduction course missed [n=3], did not study the manual [n=2], educational aims not clear [n=3])

- resistance against the obligatory character of the patient feedback programme (n=3)
- disappointment about the first results (especially having received socially desirable answers from patients [n=3])
- practice not suitable for organizing patient feedback (n=1).

Participation rate

The mean number of PFCs collected and returned by all GPTs was 10.4 (SD 6.0, range 0-21). Table 1 shows the results of the univariate analysis of the baseline characteristics of GPTs in relation to their rate of participation. The results of stepwise linear regression analysis show that the baseline level of consultation skills (MAAS-Global scores) had no significant effect on the number of PFCs returned (or the rate of participation in the programme). Male gender and more clinical experience tended to be inversely correlated to the rate of participation; the coefficients (B) were 1.061 (SD 0.6), p=.10, and 0.185 (SD 0.1), p=.15, respectively.

Table 1. Univariate analysis of baseline GPT characteristics (n=22) in relation to their rate of participation (no of PFCs)

Baseline characteristics	*n*	*no. of PFCs (SD)*	*p*[1]
Consultation skills (MAAS-Global score)			
≤ 3.1[2]	12	11.0 (2.6)	
> 3.1	10	9.8 (1.8)	.71
Age (years)			
≤ 30[3]	12	12.3 (1.9)	
> 30	10	8.1 (2.3)	.17
Gender			
male	6	6.8 (3.3)	
female	16	11.7 (1.6)	.15
Clinical work experience (years)			
≤ 2[3]	12	11.6 (2.0)	
> 2	10	8.9 (2.2)	.39

[1] *t*-test for independent samples, [2] standard for performance assessment of doctor-patient communication, [3] median value was taken as cut-off point

Discussion

The wide variance in the rate of participation of the GPTs in the patient feedback training programme was used as a basis for further analysis in this study.

The qualitative analysis, which was conducted to provide more information about the reasons for a lower rate of participation, showed that the GPTs had no specific apprehension with regard to patient involvement in their vocational training, or in communication training in general, which we think is reassuring. The reasons for the lower rate of participation differed widely, and were of motivational as well as practical origin.

The subsequent quantitative analysis showed no correlation between the baseline level of GPT consultation skills and their rate of participation in the programme. This means that the GPTs with a lower level of consultation skills did not recognize their deficiencies, which would have increased their motivation to participate in the programme (self-directed learning principle). There was a trend towards a lower rate of participation among male GPTs and GPTs with more clinical experience, the former determinant being in agreement with the results of a study focussing on the attitude of medical students towards communication skills training[19].

An interesting reason for a lower rate of participation, which was frequently mentioned by the GPTs in the interviews, was a feeling of resistance against the obligatory character of the programme, without recognizing its obvious benefits. Moreover, if the first results of the patient feedback did not contain any real 'eye-openers', some of the GPTs soon became disappointed and gave up. We think that GPTs should be better prepared in how to interpret the results of feedback and take into account the fact that patients tend to give high scores.

The strength of this study is that it was closely monitored and conducted within the setting of an open and stimulating relationship between the teaching staff and the GPTs. This environment makes it possible to try out new educational tools, based on new theories, and to evaluate their expected benefits. However, the drawback of this study is its limited sample size, which

does not allow for further quantitative analysis. It will be a challenge for future research to analyse the effect of the individual rate of participation of GPTs on improvement in their consultation skills. It seems rewarding to make GPTs aware of their baseline patient-centred consultation skills, and the potential benefit patient feedback has in improving these skills. It is likely that close monitoring and coaching of individual GPTs by tutors and the research staff will enhance the feasibility of the project and help GPTs to overcome certain practical problems.

In conclusion, some requirements for self-directed learning with patient feedback have become more clear. This will hopefully enhance the motivation of participants, and, ultimately, benefit the imbedding of a patient-centred approach in general practice education.

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